

Forms

*These are examples of possible forms to use from Idaho and other states.

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ID = Idaho
MT = Montana
OR = Oregon
WA = Washington

Introduction

The forms on the following pages are a collection of examples of various case management and data collection forms from TB programs in Idaho, Montana, Oregon and Washington State. Most of the forms are available electronically as MS Word documents. The MS Word files can be requested from the Idaho TB program at 208-334-5939.

While the all forms included in this section are meant to be resources, the following reports are required by the contract with the Idaho State TB Program:

Report Title	When Due
RVCT form*	When information is available
RVCT follow-up 1 form*	When sensitivities are available, or, if culture negative, once the laboratory declares the specimens to be culture negative.
RVCT follow-up 2 form*	At the end of regimen
Directly Observed Therapy Record	At the end of regimen
Contact Tracing Form	Return with RVCT Follow-up 2 form or when contacts complete evaluation or treatment
TB Control Activities Quarterly Report†	Quarterly

*The RVCT forms are not available in electronic format.

†The Quarterly Report is not included in this manual, but can be requested at from the Idaho TB program.